BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			SASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ 9 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			Ž m	inus 3 =	•		Ì	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PI			RESENT				ŀ						
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	Ĺ	+135=		OR	+270=	71.	
CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	OR	TOTAL	7/c		
		WILLIOL.	(Colur	mn 2)	(Column 3)		SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	1114	=		X40=		OR	X80=		
<u> </u>	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		Ī	+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										• .	ADDII. I CC,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	***	IA A	=	T	X40=		OR	X80=		
<u></u>	FIRST PRESE	NIATION OF MIC	JLIIPLE DEI	PNDENT	CLAIM		T	+135=	·	OR	+270=		
							L A	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)		0011.7 == =			ADDIT. 1 2		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	C: 4114	=		X40=		OR	X80=		
لـــا	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PNDENT	CLAIM		r	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
••••	If the "Highest Nur	mber Previously Pa ber Previously Paid	aid For" IN THI	S SPACE is	s less tha	n 3, enter "3."		DDIT. FEE L d in the app	الب ــــــــــــــــــــــــــــــــــــ	•	ADDIT. FEE l umn 1.		